

PYO/SB/21 (02-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/721,023	
	Filing Date	November 24, 2003	
	First Named Inventor	Quinn, et al.	
	Art Unit	1724	
	Examiner Name	R. Spltzer	
Total Number of Pages in This Submission	20	Attorney Docket Number	28679/05605 (07-021USREI)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Status of Claims and Support For Claim Changes Under 37 CFR §1.173(c)
Remarks Note: Reissue Application Fee Transmittal Form attached		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	24024	
Signature	<i>Marlan E. Kondas</i>	
Date	March 29, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Marlaine Grimaldi		
Signature	<i>Marlaine Grimaldi</i>	Date	March 29, 2004


This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/58 (08-03)

Approved for use through 01/31/2004. OMB 0851-0033
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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 28679/05695 (97-021)	
Claims as Filed - Part 1								
	(1) Claims in Patent	(2) Number Filed In Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(ii))	(A) 48	(B) 47	*** 0 =	x \$ _____ =		or	x \$ 18 =	0
	(C) 8	(D) 8	- 0 =	x \$ _____ =			x \$ 86 =	0
				Basic Fee (37 CFR 1.16(h))				\$ 770.00
				Total Filing Fee				OR \$ 770.00
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 57	MINUS	** 48	* = 9	x \$ _____ =		x \$ 18 =	162
Independent Claims (37 CFR 1.16(l))	*** 8	MINUS	***** 8	= 0	x \$ _____ =		x \$ 86 =	0
					Total Additional Fee		OR \$ 162.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account Number 03-0172 _____ in the amount of \$162.00. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 03-0172 _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>March 29, 2004 _____ Date</p> <p>40,685 _____ Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p>Brian E. Kondas _____ Typed or printed name</p> </div> </div>								

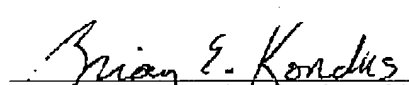
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PTO/SB/56 (06-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 28679/05695 (97-021)		
Claims as Filed - Part 1								
	(1) Claims In Patent	(2) Number Filed In Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee			
Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(A) 48	(B) 47	*** 0 =	x \$ _____ =		or	x \$ 18 = 0	
	(C) 8	(D) 8	* 0 =	x \$ _____ =			x \$ 86 = 0	
				Basic Fee (37 CFR 1.16(h))		\$ _____	\$ 770.00	
				Total Filing Fee		\$ _____	OR \$ 770.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 57	MINUS	** 48	* = 9	x \$ _____ =		x \$ 18 = 162	
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS	***** 8	= 0	x \$ _____ =		x \$ 86 = 0	
					Total Additional Fee		\$	OR \$ 162.00
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account Number <u>03-0172</u> in the amount of <u>\$162.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>03-0172</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>March 29, 2004 Date</p> <p>40,685 Registration Number, If applicable</p> </div> <div style="width: 45%; text-align: right;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p>Brian E. Kondas Typed or printed name</p> </div> </div>								

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